TN 92 - 28	ংশ্ৰ	Approval Date	JAN 2 5 1994
Supersedes TN_	85-33		

ROVIDION: MCFA-PH-05-14 (DERC) SEPTEMBER 1985

ATTACHHENT 4,18-A

Page 1

онв во.: 0930-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

New York Stato: \_

λ.	The tellowing	charges are imposed on the categorically needy for services other than those pr	ovided
	under section	1905(a)(1) through (5) and (7) of the Act:	

Sorvico	Doduct.	Type Charge Coins.	Copay.	Amount and Basis for Dotormination
npatient Hospital (defined here as article 28 and dually certified article 28 and 31 hospitals and out-of-state hospitals)			X	\$25 per recipient stay regardless of length of stay, payable at discharge.  In no event is it expected that an inpatient hospital stay of one day would cost \$50 or letterefore, the State will meet the requirement of 42 CFR 447.54(c)
•				
				· ·

OFFICIAL .

Attachment 4.16-A

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### MEDICAL ASSISTANCE PROGRAM

STATE OF NEW YORK

Summary of Cooperative Arrangements with State Health and State Vocational\* Rehabilitation Agencies and with Title V Grantees:

### OFFICIAL

92 - 28

Approval Date JAN 2 5 1994

Revision: нскл-ги-из-14 Supersedes TN New Effective Date Nov 1- 1983 serтенией 1985

OHB NO. 1 0930-0193

ATTACHHEUT 4.10-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

A. The following charges are imposed on the categorically needy for sorvices other than those provided under section 1905(s)(1) through (5) and (7) of the Act:	on the cate 5) and (7)	of the Act:	bdy for	sorvices other than those provided
Sorvico	Doduct.	Typo Chargo Colna.	Copay.	Amount and Basis for Dotorwingtion
Ambulatory Services as follows:				The basis for determination of co-payments for the following services was calculated by finding the average or typical dollar amount for a particular service.
				service. It was calculated by selecting a fixed period of time and dividing the identified total dollar value of the service by the number of claim in accordance with 42 CFR 447.54 (a)(3)

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TN 92-28

M Effective Date Nov 1 - 1993

Supersedes TN New

ATTACHMENT 4.18-A
Pago 1 b
onn no.: 0938-0193

ROVIDION: HCFA-PH-05-14 (BERC) SEPTEMBER 1905

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

The fellowing charges are imposed on the categorically needy for services other than those provided under section 1905(s)(1) through (5) and (7) of the Act:

Sorvico	Daduct.	Typo Chargo Colno.	Copuy.	Amount and Baula for Determination
Outpatient Hospital - including non-emergency or non-urgent medical services			×	*:
Diagnostic and Treatment Center (Free-standing clinics)			×	<del>\$</del> :3
X-luy			×	\$1 each procedure
Laboratory			×	\$.50 each procedure
Medical/Sick Ivon Supplies			×	\$1 cach order
-				
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ATTACHMENT 4.18-A

PAGE 1 c

OMB NO.: 0938-0193

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE	New	York

The Following charges are imposed on the medically needy for services:

SERVICE		TYPE OF	NOTATI AND T	WORKE WE DIGTO TO	
SERVICE	DEDUCTABLE	∞INSURANCE	COPAY	AMOUNT AND B DETERMINATIO	
Pharmacy 1. Brand name drugs 2. Generic drugs 3. Non-prescription drugs		·	X X X	\$2.00 \$ .50 \$ .50	

TN 92-28 Approval Date JAN 2 5 1994
Supersedes TN W Effective Date NOV 1 - 1988

## OFFICIAL

Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985

ATTACHHENT 4.18-A Page 2

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	STATE PLAN	UNDER TITLE	XIX OF THE	SOCIAL SECURI	IY ACT	
	State:	New Yor	k	· · ·	<del></del>	
	method used to c	ollect cost s	haring cha	arges for categ	orically need	<b>y</b>
<u> </u>	Providers are refrom individual.		r collecti	ing the cost sh	aring charges	
<u>/_/</u>	The agency reimlend collects the					ices
char	basis for determinge, and the meansiders, is describ	s by which su				
	ipient's own decl ning when an indi				is the basis :	for
	TN	92 - 28	3	Approval Date	JAN 2 5 1994	
	Supers	edes TN_8		ffective Date		



Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

ATTACHMENT 4.18-A

PAGE 3

OMB No.: 0938-0193

	STATE PIAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York
D.	The procedures for implementing and enforcing the exclusions form cost sharing contained in 42 CFR 447.53(b) are described below:
	Informational notices and letters have been sent to providers, recipients and local social services districts.
	MMIS Systems have been implemented to exclude certain groups of recipients form co-pay requirements as follows: SEE SUPPLEMENT 1.
Ε.	CUMULATIVE MAXIMUMS ON CHARGES:
	State policy does not provide for cumulative maximums.
	X Cumulative maximums have been established as described below:
	From November 1, 1993 through March 31, 1994, a cumulative maximum of \$41 per Medicaid recipient will apply.
	Beginning April 1, 1994 through March 31, 1995 and each following year beginning on April first a cumulative maximum of \$100 per Medicaid recipient will apply.
	TN 92-28 Approval Date JAN 2 5 1994
	Supersedes TN <u>85-33</u> Effective Date Nov 1 - 1993